

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 10514	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name ANTHONY M PAPILI P.O. Box, Bldg., Room No., if any UNIT # 244 Street 3600 RUSTIC LANE City WILMINGTON State Delaware ZIP Code + 4 19808	4. Name, file number, and address of labor organization. Name PLUMBERS & PIPEFITTERS LOCAL UNION 74 Labor Organization File Number 519-271 P.O. Box, Building and Room Number, if any SUITE 18 Street 18 BOULDEN CIRCLE City NEW CASTLE State Delaware ZIP Code + 4 19720
5. Position in labor organization. FINANCIAL SECRETARY	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Anthony M. Papili

On

5/15/2006

Date

302 636-7400

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:☐

a. Labor Organization

☐

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.**11.b. Approximate dollar value of such dealing.****12.a. Nature of interest held or income received.****12.b. Amount.****C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.****13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).**

Name LU 74 PENSION, WELFARE, & ANNUITY TRUST FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 650 NAAMANS ROAD

City CLAYMONT

State Delaware

ZIP Code + 4 19703

14.a. Nature of payment.

IFEP CONFERENCE - HAWAII 11/10/05 - 11/16/05
HOTEL, AIRFARE, REGISTRATION, EXPENSES
CONFERENCE AND CLASSES REGARDING TRUST FUND ISSUES
FOR PENSION, WELFARE, AND ANNUITY FUND

13.b. Is the Business an Employer ☒ or Consultant ☐ ?**14.b. Amount of payment.**

\$4,182

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name LOCAL 74 JOINT APPRENTICESHIP COMMITTEE Trade Name, if any: P.O. Box, Bldg., Room No., if any SUITE 18 Street 18 BOULDEN CIRCLE City NEW CASTLE State Delaware ZIP Code + 4 19720	14.a. Nature of payment. NORTH AMERICAN PIPE TRADES TRAINING CONFERENCE 6/24/05 - 7/1/05 CONFERENCE AND CLASSES DEALING WITH APPRENTICE ISSUES, LEGAL ISSUES AND EDUCATION OF OUR CHANGING WORKFORCE HOTEL, AIRFARE, REGISTRATION, PARKING, RENTAL CAR AND EXPENSES
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="text-align: right;">\$3,288</div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.